



5th Annual Asthma & Allergy Conference

REGISTRATION

First Name

Last Name

Professional Title (check all that apply)

- MD DO PA ANP
 RN RT Other: _____

Organization

Mailing Address

City

State

Zipcode + 4

Email Address

Phone Number

Alternate Phone Number

Bring Your Own Patient Forum: YES, I plan to submit a case file to aafaalaska@gci.net by the **August 16** deadline.

PAYMENT AMOUNT AND METHOD

Registration Payment Amount (Reference Registration Cost Section): \$ _____

Dinner Symposium (Registrant) - \$25 (Not included in Conference Registration): \$ _____

Dinner Symposium Guest Seats - \$50 each (Limited Space available): \$ _____

Paper Handout/Slide Copies - \$30 (Registration includes thumb drive only): \$ _____

TOTAL PAYMENT ACCOMPANYING REGISTRATION FORM: \$ _____

Credit Card* (check type): Visa MasterCard Exp Date: _____ / _____

Card #: _____ CCV Code: _____

Cardholder: _____ Signature: _____

* Credit card charges will appear on your statement as "AAFA-Alaska"

Purchase Order (A copy of the PO. must be attached to this form):

Check - Payable to AAFA-Alaska

Please type or print. Return the completed form to: ● AAFA, Alaska Chapter
 ● PO. Box 201927 ● Anchorage, AK 99520-1927 ● or by fax to (907) 696-4810

A confirmation letter will be mailed once you registration form is received and processed.

You can also register online at the AAFA-Alaska conference web site
<http://conference.aafaalaska.com>

If you register online, a confirmation message will be sent by email.